

**MEMORANDUM OF UNDERSTANDING
BETWEEN
THE WORLD HEALTH ORGANIZATION
AND
THE JORDAN UNIVERSITY HOSPITAL
ON**

**Strengthening the Mental Health System: Implementation of the
mhGAP in Jordan**

1. Reference is made to the consultations between officials of the World Health Organization in Jordan (hereinafter referred to as "WHO"), and Jordan University Hospital (hereinafter referred to as the Contractor) with respect to the strengthening of human resources in the area of mental health
2. In accordance with the Project Documents and with the following terms and conditions, we confirm our acceptance of the services to be provided by the Contractor towards the programme/project, as specified in **Attachment 1: Description of Services** (hereinafter referred to as "Services"). Close consultations will be held between the Contractor and WHO on all aspects of the Services.
3. The Contractor shall use its best efforts to ensure that personnel recruited for the programme/project are of the highest standards of efficiency, competence, and integrity.
4. The Contractor shall be fully responsible for the provision, with due diligence and efficiency, of all services performed by its personnel and for ensuring that all relevant [a) labor laws and b) the regulations and rules] are complied with and that the principles of competitive bidding are observed.
5. In carrying out the activities under this MOU, the Contractor shall be considered as having the legal status of an independent contractor vis-à-vis WHO. The personnel and subcontractors of the Contractor shall not be considered in any respect as being the employees or agents of WHO. WHO does not accept any liability for claims arising out of acts or omission of the Contractor or its personnel, or of its contractors or their personnel, in performing the Services under the Programme or any claims for death, bodily injury, disability, damage to property or other hazards that may be suffered by the Contractor, and its personnel as a result of their work pertaining to the Programme. Nothing in or relating to this project document shall be deemed a waiver of any of the privileges and immunities accorded to the WHO under international law.
6. Any subcontractors, assigned by the Contractor to the programme/project, and under contract with the Contractor, shall work under the supervision of the Contractor. These subcontractors shall remain accountable to the Contractor for the manner in which assigned functions are discharged and as per conditions included under paragraph 5.
7. Upon signature of this Memorandum and pursuant to the budget and the work plan of the Project Document, WHO will make payments to The Contractor, according to the schedule of payments specified in **Attachment 2: Schedule of Services, Facilities and Payments**.

8. The Contractor shall not make any financial commitments or incur any expenses, which would exceed the budget for implementing the Programme as set forth in **the budget work plans**. The Contractor shall regularly consult with WHO concerning the status and use of funds and shall promptly advise WHO any time when The Contractor is aware that the budget to carry out these Services is insufficient to fully implement the Programme in the manner set out in the work plans. WHO shall have no obligation to provide The Contractor with any funds or to make any reimbursement for expenses incurred by The Contractor in excess of the total budget as set forth in the budget work plans.

9. The Contractor shall maintain separate accounts, records and supporting documentation relating to the programme/project, including funds received and disbursed by The Contractor.

10. The Contractor shall submit periodic technical and financial progress reports. The report will be submitted to WHO within 30 days following dates specified in **Attachment 2**. The format will follow the standard expenditure report as specified by WHO.

11. The Contractor shall furnish a final report within 3 months after the completion or termination of the programme/project, including all relevant certified and audited financial statements and records related to such programme/project.

12. The Contractor agrees to utilize the funds and any supplies and equipment financed in strict accordance with the work plans. The Contractor shall be authorized to make variations not exceeding 10 per cent on any one line item of the Programme Budget provided that the total Budget allocated by WHO is not exceeded. The Contractor shall notify WHO about any expected variations in the Periodic Reports, as set forth in paragraph 10, above. Any variations exceeding 10 per cent on any one- line item and any variations that involve purchases or activities that are different than what is set forth in the work plans shall be subject to prior consultations with and approval by WHO.

13. Audits shall be carried out by a recognized audit firm approved by the WHO and in accordance with the applicable audit procedures of WHO. Certified, audited financial statement of accounts should be provided at the completion of the programme and within 3 months after the completion or termination of the programme/project.

14. Title to any equipment and supplies that may be furnished by WHO shall rest with WHO until such time as ownership thereof is transferred. All equipment and supplies financed through the Programme will be devoted to the Programme until completion or termination of this Agreement, and unless otherwise agreed upon in writing by the parties, any property remaining after completion or termination of the Programme shall be transferred to WHO. Such equipment, when returned to WHO and/or transferred to WHO, shall be in the same condition as when delivered to the Contractor, subject to normal wear and tear. The Contractor shall be liable to compensate WHO for equipment determined to be lost, stolen, damaged or degraded beyond normal wear and tear.

15. Any changes to the Project Document which would affect the work being performed by The Contractor in accordance with **Attachment 1** shall be recommended only after consultation between the parties. For any matters not specifically covered by this Memorandum, the appropriate provisions of the work plans and revisions thereof and the appropriate provisions of the Financial Regulations and Rules of WHO shall apply.

16. The arrangements described in this Memorandum will remain in effect until the end of the programme/project and no later than 31st December 2009, or the completion of activities of The Contractor according to **Attachment 1**, or until terminated in writing (with 30 days notice) by either party. The schedule of payments specified in **Attachment 2** remains in effect based on

17. Any balance of funds that is undisbursed and uncommitted after the conclusion of the Programme shall be returned to WHO.

18. The Contractor recognizes that all funds are subject to availability from the WHO and that the amount of funds contemplated under this Agreement could be reduced or eliminated. As part of its responsibility to implement and oversee the Programme, it may be necessary for WHO to modify the activities that are part of the Programme. The Contractor agrees to accept any amendment to the annexed work plans, including modifications and reductions to the budget, necessary for the successful implementation of the Programme as a whole.

19. In the case of any disbursement that is not made or used in accordance with this Agreement, or that finances goods or services that are not used in accordance with this Agreement, WHO, notwithstanding the availability or exercise of any other remedies under this Agreement, may require The Contractor to refund the amount of such disbursement within fifteen (15) days after The Contractor receives WHO's request for a refund. WHO shall reserve the right to accept or refuse any proposals submitted by the Contractor.

20. The right to reimbursement set forth in the above article will continue, notwithstanding any other provision of this Agreement, for three (3) years from the date of the last disbursement under this Agreement.

21. The Contractor understands that WHO is responsible for monitoring and evaluating the activities of the Programme. The Contractor agrees to cooperate with WHO in its monitoring and evaluation and to perform every obligation set forth in a Monitoring and Evaluation plan to be agreed to by the parties.

22. The Contractor shall allow authorized representatives of WHO and/or its designated agents, to visit its sites on an ad hoc basis, at the time and places designated by these entities. The purpose of such ad hoc site visits is to allow WHO and/or its designated agents to report on the implementation of the Programme and to determine whether value for money has been obtained.

23. The Contractor understands that WHO has the discretion to conduct an independent evaluation of the Programme that will focus on results, transparency, and substantive accountability. The Contractor agrees to cooperate fully in the execution of the evaluation.

24. Any amendment to this Memorandum shall be effected by mutual agreement, in writing.

25. The Contractor shall keep the WHO fully informed of all actions undertaken by them in carrying out this Memorandum.

26. The Parties shall use their best efforts to settle amicably any dispute, controversy or claim arising out of or in connection with this Agreement or the interpretation thereof. Where the parties wish to seek such an amicable settlement through conciliation, the conciliation shall take place in accordance with the UNCITRAL Conciliation Rules as in force on the date of this Agreement or according to such other procedure as may be agreed between the parties. Any dispute, controversy or claim between the Parties arising out of or in connection with this Agreement or the interpretation thereof, which cannot be settled amicably within sixty (60) days after receipt by one Party of the other Party's request for such amicable settlement may be submitted by either Party for settlement in accordance with the Rules of Procedure for Arbitration of the United Nations Commission on International Trade Law (UNCITRAL) as in force on the date of this Agreement

27. If you are in agreement with the provisions set forth above, please sign and return to this

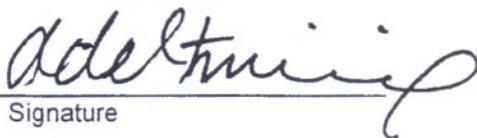
Agreed and signed on behalf of the
World Health Organization



Signature

Name
Dr. Hashim Elzein Elmoussaad
Title
WHO Representative for Jordan & Head of
Mission
Date

Agreed and signed on behalf of the
Jordan University



Signature

Name
Prof. Adel Al-Tweisi Tweissi
Title
President of Jordan University

Date July 19, 2011.

Schedule of Services, Facilities and Payments and Reporting

1.	Project Title:	Strengthening the Mental Health System in Jordan: development of inpatient secondary level of care		
2.	Country:	Jordan		
3.	Beneficiary Population:	Displaced Iraqis and Jordanians suffering from mental, neurological and substance use (MNS) disorders		
4.	Amount:	10,000	US\$	
5.	Contact Person WHO Jordan Office	Dr Hashim Elzein Elmousaad WHO Representative Jordan P.O. Box 811547 Amman 11181 Jordan Tel (+9626)5684651 (+9626)5677532 Fax (+9626)5667533 Mobile (+962)799137137 Email: elmousaadh@jor.emro.who.int	Account number	World Health Organization (WHO) HSBC Bank of the Middle East Main Branch, 5 th Circle Amman , Jordan Swift Code- BBMEJOAX
6.	Contact Person	Prof Adel Al-Twaisi President of Jordan University P.O.Box: 13046 Amman 11942 Jordan Tel: (962)-6-5353444 Fax: (962)-6-5353388 E-mail: juhosp@ju.edu.jo	Account number	Bank name: Branch: Account number: Account currency: JOD Account name: Swift Code:
	Focal Point for the implementation	Dr. Radwan Bani Mustafa mob. +962 79 9060897		

A. Background

The influx of hundreds of thousands of displaced Iraqis to Jordan has caused a considerable burden on the health system of Jordan. This is particularly true for the mental health because: 1) the mental health system was already relatively weak compared to the other health sectors; 2) the Iraqi population has a high number of mental and psychosocial problems, given the large number of aversive events they have experienced in the past (bombings, kidnappings, interpersonal violence), and in the present (legal and socioeconomic problems and social problems).

A survey conducted jointly from WHO Jordan, UNICEF and Johns Hopkins University on the Health Status of the Iraqi Population in Jordan in 2008, has shown that amongst the mental health problems of the Iraqi populations there are depression, fatigue, insomnia, anxiety/panic attacks and palpitations. It has also shown a need both for professional support (mental health care) as well as community based programs. Currently displaced Iraqis are still actually seeking professional mental and psychosocial care. The mental health and psychosocial support is considered a major need area in which there is still a wide perceived gap.

The mental health sector in Jordan has some relevant weaknesses, and a mental health reform has been initiated in 2008 by the Ministry of Health (MoH) with the support of WHO and in collaboration with several national stakeholders.

The first National Policy and Plan for mental health were launched on 20th January 2010 in order to strengthen the mental health system in Jordan, which is weaker compared to other health sectors. The policy and the action plan aim to place mental health in the public health agenda, to establish a national authority for governance in mental health, to shift the focus from hospital care to community care, to integrate mental health in primary health care through the implementation of mhGAP, to strengthen the secondary level of care, inpatient and outpatient, implementing the bio-psychosocial model, the multidisciplinary system and the recovery approach. Special emphasis is on developing inpatient units in general hospitals and in downsizing the psychiatric hospitals.

At the moment all beds for psychiatry are concentrated in the tertiary care (mental hospitals), towards where most of the governmental financing is oriented. There are no mental health inpatient units in general hospitals. Scientific evidences show that inpatient care for mental health is better provided in general hospital than in mental hospital.

While admissions to hospital are required only for acute cases and for a short period of time, mental hospitals are in general used as a permanent residential solution, more custodial than care oriented.

Furthermore avail inpatient mental health care within general hospital will reduce dramatically the stigma attached to mental disorders, to people who suffer from mental disorders and their families, to the mental health staff and will encourage people who have a need to seek for help.

There is a clear need thus to strengthen the Jordanian mental health care system, especially the inpatient services at the secondary level of care, in order to provide more and better services, to reach a higher number of people in need, to reduce the treatment gap and to establish a referral system between the inpatient services and the outpatient community mental health services newly established. The outcome will not only serve the displaced Iraqis who have a definite need for these services, but also the host population at large.

The mhGAP (mental health Gap Action Programme) is a program launched in October 2008 by the Director General of WHO with the objective of scaling up services for mental, neurological and substance use disorders and reducing the treatment gap. mhGAP also aims to provide a systematic approach to identify, assess, and manage mental, neurological and substance use disorders in primary care settings.

JUH is part of the National Steering Committee who developed the National Policy and In this framework, JUH is requested to contribute strengthening the inpatient secondary care for mental health.

An inpatient unit will be developed within the JUH, and will be also utilized as a training for medical students. The staff of the unit will be multidisciplinary and they will be trained according to the bio-psychosocial model, the recovery approach and a referral and referral system will be established with the community mental health centers in Amman (Isteshiaria and Al Hashmi clinics).

The environment will be developed and equipped according to the therapeutic principles of care.

An intense training will be provided and will focus the nurses working in this new unit.

B. Overall programme Goal

Strengthening and scaling up Mental Health Services in Jordan for displaced Iraqis and Jordanians who suffer from mental, neurological and substance use (MNS) disorder according to mhGAP.

- **Target population:**

Displaced Iraqis and Jordanians suffering from mental, neurological and substance use (MNS) disorders

C. Specific Objectives

- Building capacity of the staff managing and providing mental health care in the unit.
- Establishing the bio-psychosocial approach and the recovery model, which includes short staying in the hospital and the least restrictive intervention, protecting and promoting the human rights of the people who suffer from mental disorders.
- Developing policy, procedures and protocols for the unit, capitalizing and consistent with the model unit established in Fuheiss.
- Establish a referral and back referral system with the community mental health centers in Amman (Isteshiaria and Al Hashmi clinics).
- Developing a mental health unit within the Jordan University Hospital
- Developing a therapeutic environment.

Indicators:

- Multidisciplinary team identified and established
- N. of health workers trained and supervised
- N. of hours of training
- N. of hours of supervision
- Policy, procedures and protocols developed
- Study visit done
- Number and Type of Psychometric tests and rehabilitation materials available
- Educational brochures developed and printed
- Workshop done for the launch of the unit

D. Activities

Strengthening of human resources and capacity building for inpatient psychiatric unit at Jordan University Hospital:

- Establishment of a team for the implementation of the policies in the unit (nurses, 4 psychiatrists, 2 social workers, 2 psychologists, 2 occupational therapists)
- Training of the staff about the bio-psychosocial approach, the management of acute cases based on evidence based practices and protocols, the discharge of patient from inpatient unit and the referral and back-referral to the community mental health centres and the outpatient clinics
- Specific training for each mental health professional, according to the activities that each of them will implement (psychiatrist, nurse, social workers, psychologists, etc)
- Follow up of the Training and supervision of the staff

Establishment of the unit developing a therapeutic environment

- Psychometric tests, equipments of the building, in addition to all rehabilitation materials
- Development and printing of educational brochures
- Awareness campaign/workshop to launch the unit

E. Facilities for Treatment:

Jordan University Hospital

F. Budget summary

Item	Costing (US \$)
Strengthening of human resources and capacity building Establishment of the unit developing a therapeutic environment	
Total	10,000

G. Schedule of Payment

Item	Costing (US \$)	DATE
1 st instalment	5,000	On signature
2 nd instalment	5,000	15 th May 201
TOTAL	10,000	

I. Reporting

Item	Date
1 st interim Report	15th May 2011
2 nd and end of term Report	End June 2011